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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

|                               |                   |
|-------------------------------|-------------------|
| <i>Attorney Docket No.</i>    | 2260/119          |
| <i>First Inventor</i>         | Rok Grahek        |
| <i>Title</i>                  | See 1 in Addendum |
| <i>Express Mail Label No.</i> | EV 333083553 US   |

22154 U.S. PTO  
10/698009

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
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| <p align="center"><b>APPLICATION ELEMENTS</b></p> <p><i>See MPEP chapter 600 concerning utility patent application contents.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>ADDRESS TO:</b></p> <p>Mail Stop Patent Application<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria VA 22313-1450</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>28</u>]<br/><i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets _____]</p> <p>5. Oath or Declaration [Total Sheets _____]</p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="padding-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i></p> <p style="padding-left: 40px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="padding-left: 20px;">b. Specification Sequence Listing on:</p> <p style="padding-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="padding-left: 40px;">ii. <input type="checkbox"/> Paper</p> <p style="padding-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <p><b>ACCOMPANYING APPLICATION PARTS</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1499 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <b>Unexecuted Declaration and Power of Attorney</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Continuation              <input type="checkbox"/> Divisional              <input type="checkbox"/> Continuation-in-part (CIP)              of prior application No.: _____       </p> <p>Prior application information: _____ Examiner: _____ Art Unit: _____</p> <p><b>For CONTINUATION OF DIVISIONAL APPS only;</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <p><b>19. CORRESPONDENCE ADDRESS</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <p><input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px; text-align: center;">02101</span>      OR      <input type="checkbox"/> Correspondence address below</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name              |                                   |      |                | Address |            |  |  | City | State | Zip Code |  | Country | Telephone | Fax |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code          |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fax               |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name (Print/Type)</td> <td style="width: 30%;">Registration No. (Attorney/Agent)</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>Barbara Carter</td> <td>33,198</td> <td>10/30/2003</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name (Print/Type) | Registration No. (Attorney/Agent) | Date | Barbara Carter | 33,198  | 10/30/2003 |  |  |      |       |          |  |         |           |     |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Registration No. (Attorney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date              |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |
| Barbara Carter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33,198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10/30/2003        |                                   |      |                |         |            |  |  |      |       |          |  |         |           |     |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Rok Grahek, Dusan Milivojevic and Andrej Bastarda

Application No.: Not yet assigned

Group No.: Not yet assigned

Filed: Herewith

Examiner: Not yet assigned

For: Process for Obtaining HMG-CoA Reductase Inhibitors of High Purity

**Mail Stop Patent Application**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**EXPRESS MAIL CERTIFICATE**

"Express Mail" label number EV 333083553 US

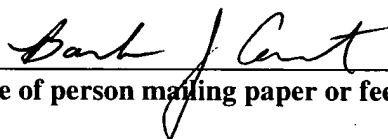
Date of Deposit 10/30/2003

I hereby state that the following *attached* paper or fee

Utility patent application and related application parts

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10, on the date indicated above and is addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Barbara J. Carter



Signature of person mailing paper or fee

## Addendum

1. Process for Obtaining HMG-CoA Reductase Inhibitors of High Purity